



PROVIDER PRE-ENROLLMENT
(To obtain State Pre-enrollment Information)

Sponsor: _____

	Provider Name (Last name first)	Registration Expires on	Registered PV #	City Where Daycare is Provided
1				
2				
3				
4				
5				

Use additional lines above for the same provider as needed)

Sponsor: _____

SIGNATURE AND DATE

STATE USE ONLY

☐ Each facility listed is not currently on the State or National disqualified list.

☐ Each facility is currently licensed.

☐ No facility listed is participating under more than one sponsor.

☐ All above are approved.

☐ All but the following are approved:

Montana CACFP: SIGNATURE AND DATE

COMMENT
